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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/536456

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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48		3				
49		3				
50		2				
TOTAL IND.	13	↓		↓		↓
TOTAL DEP.	56	←		←		←
TOTAL CLAIMS	69					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	/					
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	0	←		←
TOTAL CLAIMS			2			